DOCUMENT RESUME

ED 282 154 CG 019 921

AUTHOR Goldenthal, Peter
TITLE Systematic Eclectic Psychotherapy: A Social Learning Perspective.
PUB DATE Aug 86
NOTE 17p.; Paper presented at the Annual Convention of the American Psychological Association (94th, Washington, DC, August 22-26, 1986).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Counseling Effectiveness; *Counseling Theories; *Intervention; Models; Personality Theories; *Psychotherapy; *Socialization
IDENTIFIERS *Social Learning Theory

ABSTRACT

Common factors contributing to the effectiveness of psychotherapy have come to be recognized. These include: (1) establishment of a safe, trusting, and supportive relationship; (2) encouragement of clients to engage in activities they had avoided; (3) provision of accurate feedback to clients; and (4) provision of a framework for clients to understand their problems. It is important to appreciate the ways in which clinicians may use common therapeutic strategies while having the benefit of the organizing framework provided by a cohesive theory of personality and psychotherapy. The dominant approaches to psychotherapy (psychoanalytic, client-centered, and behavior therapy) exclude a variety of potentially valuable interventions. Social learning theory, however, provides very few theory specific intervention techniques, nor does it eliminate any techniques from consideration. Social learning's focus on process related questions provides needed flexibility. Thus multiple techniques from a variety of sources can be employed to reach common clinical goals within the context of social learning theory. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED282154

Systematic Eclectic Psychotherapy: A Social Learning Perspective

Peter Goldenthal

Bryn Mawr College

In J. Prochaska (Chair), Eclecticism and the Utilization of Common Factors in Psychotherapy. Symposium conducted at the annual meeting of the American Psychological Association, Washington, D.C., August, 1986.

CG 019921

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Peter Goldenthal

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

In recent years more and more clinicians have come to believe that psychotherapy's effectiveness rests more on factors which cut across the so called "schools" of therapy than one might expect based on readings of the theoretical writings these schools produce. This shared belief has so far mostly been founded on clinical experience rather than upon empirical data, but given the work of Goldfried and his colleagues (Goldfried and Newman, 1986) and others, this situation may soon be changing.

While investigators differ in the precise language they use to describe these common elements, there is widespread agreement that such commonalities do exist and that they include, at minimum, the establishment of a safe, trusting, and supportive relationship; the encouragement of clients to engage in activities they have previously avoided, the provision of accurate feedback to clients, (Goldfried and Newman, 1986) and the provision of a reasonable explanatory framework which clients can use to understand their problems and upon which to base their efforts at change, (Garfield, 1986).

Based on this growing recognition of the importance of common factors, it may appear that there will be a diminishing role for traditional theories of psychotherapy in the future and that clinicians will, instead of relying on their theoretical orientations, begin to make treatment

decisions based only on the ways in which these shared factors contribute to therapeutic progress.

There are two basic reasons, however, why I believe that we need to appreciate the ways in which clinicians may utilize common therapeutic strategies (Goldfried, 1980) in their work while, at the same time, having the benefit of the organizing framework provided by a cohesive theory of personality and psychotherapy.

The first reason is implicit in the observation that clients seem to benefit from therapists' interpretations, from whatever theoretical framework they may come, as long as the interpretations make sense, and as long as the framework is reasonably consistent. Rosenzweig wrote about this in 1936, and expressed the opinion that it did not really matter if a therapist's framework was psychoanalysis or Christian Scientist, as long as there was consistency to the interpretations which were developed from within that framework.

Rosenzweig went on to say that it is through adopting the theoretical frameworks used by their therapists that clients are able to develop a sense of structure and predictability often missing in their own lives. Some clinicians may explicitly discuss the theories underlying their interpretation in great detail, others may not explicitly discuss their views at all. In either case, the

underlying rationale, whether it is psychoanalysis or Christian Scientist, soon becomes clear to clients.

A second reason for continuing to employ both specific and general models is that clinicians, like clients, need fameworks in order to operate successfully. This is perhaps most obvious when one considers the training of beginning psychotherapists, who most of all need to learn ways of thinking about clients' problems that foster their organization of clinical observations, historical material, hypotheses regarding dynamics, and choices of interventions.

The goal of utilizing both common factors and the organizing principles inherent in a more specific theory of personality and psychotherapy is made more difficult by the manner in which many theoretical orientations to psychotherapy define themselves. These self-definitions, unfortunately, are often of the sort which turn theories of psychotherapy into "schools" of psychotherapy differentiated from each other either by advocating the use of unique, theory specific intervantion techniques, or by explicitly avoiding those thecniques which are seen as inconsistent with that orientation (Klerman, G. L., Rousanville, B., Chevron, E., Nev, C., and Weisman, M., 1979).

An unintended consequence of these kinds of self-definitions is their negative impact on potential integration and utilization of techniques from other sources. The more rigidly a school of therapy defines only

certain techniques as acceptable and others as inconsistent with its specific theory, the more difficult it is to reach across theoretical boundaries and borrow techniques which may aid in the effective implementation of a desired strategy.

Classical psychoanalysis (Menninger, 1958), for example, and to a lesser extent psychoanalytically oriented psychotherapy (Luborsky, 1984), may be characterized in part by the analyst's neutrality, by the use of interpretations of resistance and transference, and by refraining from direct instruction, advice giving, or the assignment of therapeutic "homework".

Carl Rogers' client centered approach (1942, 1951), on the other hand, focuses on the therapeutic relationship by utilizing the techniques of active listening and reflection of clients' feeling statements, but avoids interpretation. As a final example, behavior therapy is generally like Rogers' approach in avoiding the kinds of interpretations of meanings characteristic of psychoanalytic approaches, and furthermore, while recognizing the need for a supportive therapeutic relationship, tends to avoid a direct focus on the relationship itself.

These examples obviously represent stereotypes of psychoanalytic, client-centered, and behavior therapy practice, and so cannot reflect the more flexible approach taken by some practioners, but they do illustrate the ways

in which these dominant approaches to psychotherapy systematically exclude a variety of potentially valuable interventions. Choosing to work solely from one of the dominant theoretical orientations provides a clear structure and a systematic framework. And yet, the clinician who chooses this route must sacrifice considerable flexibility with regard to the intervention techniques that can be employed without stepping outside the parameters of the chosen orientation. For example, psychoanalytically oriented clinicians who wish to apply non-psychoanalytic techniques such as the use of direct praise or the assignment of behavioral homework have no framework to guide them in choosing these techniques or in integrating them theoretically with other aspects of treatment.

Strict behavior therapists are equally restricted in the range of interventions available to them if they wish to maintain theoretical purity. A number of techniques which have no theoretical place in client-centered or psychoanalytic therapy, such as homework assignments or desensitization procedures, are central to behavioral approaches. The possibility of responding to clients interpretatively in ways that clarify idiosyncratic meanings is, however, available only to those who have, temporarily at least, abandoned their strict behavioral perspective. Stepping beyond the narrow confines of a psychoanalytic, behavioral, or any other such framework, to one defined in

terms of those factors presumed to be opeative in all forms of therapy solves the problem of being restricted to relatively few potential techniques. A common factors approach alone, however, used without the benefit of a more specific theory, may be too general to provide a consistent interpretative framework for either clients or practitioners. And so, clinicians who want the benefits of both the flexibility inherent in a common factors approach as well as the organizing advantages of a single theoretical framework are in difficult positions.

The social learning theory published by Rotter over thirty years ago (1954) provides what I believe is one possible solution to this dilemna. Before describing the nature of this solution I would like to address two common misconceptions about this social learning theory (Rotter, 1954, 1982). First, social learning theory, unlike the learning theories of Hull or Skinner, for example, takes a basically holistic approach to understanding people. From this perspective, the concern is with understanding individuals in their intrapersonal and interpersonal contexts, rather than with understanding various isolated bits of behavior. The second major misconception involves the question of the extent to which individuals are "mechanistically" controlled by environmental factors; the extent to which their behavior can be predicted, like that of a rat or pigeon, based solely upon knowing their

reinforcement histories. This theory focuses to a much greater extent on the meanings with which people imbue their experiences, and on the conclusions they draw about life based on those experiences, than on the bare facts of the experiences themselves.

Social learning theory differs in one basic respect from the theoretical approaches mentioned earlier, as well as from many other approaches, in that it provides very few theory specific intervention techniques. Even more important to the present discussion; neither does it eliminate any techniques from consideration. Potentially, then, systematic desensitization, dream interpretation, active listening, and cognitive reframing could all be utilized within this one theoretical context. The key to this flexibility lies in social learning's almost exclusive focus on process related questions, to the relative exclusion of questions based on issues of content. This aproach provides a way to analyze clients' problems based on an assessment of their expectancies and goals and leads to guidelines for treatment which fall midway in generality between the very general ones contained in a purely common factors approach, and the more narrow guidelines characteristic of many other theoretical approaches to psychotherapy. This focus on conceptual analysis, together with the relative absence of attention to technique, and the utilization of a language couched in terms at a middle level

of generality facilitates the utilization of multiple techniques originally drawn from a variety of sources, but employed to reach commmon clinical goals.

This approach is best illustrated clinically. For example, from a social learning perspective, an electively mute five year old boy might be characterized as having very little freedom of movement with regard to speaking outside of his home and immediate family circle. His difficulty would be conceptualized as stemming from his implicit expectation that speaking to non-family members would lead either to negative consequences or to a loss of some benefits he currently receives. This conceptualization has clear implications for treatment goals, i.e. that bringing about a change in this youngster's expectations about talking will also lead to changes in his frequency of talking, without either specifying or limiting treatment techniques. The clinician in this case was able to use play therapy techniques to increase the child's comfort in the theraputic situation, to work with his parents in ways suggested by family systems approaches in order to begin to change the meaning which this symptom held for the family, to borrow techniques from individual psychodynamically oriented psychotherapy for use with both the child's father and mother in order to help them to become more expressive and so to model different behaviors for their child, and finally to utilize behavioral parent training to directly

alter the consequences of talking and non talking for the youngster.

This kind of approach to eclecticism is further illustrated in the following clinical vignette concerning Nick, a ten year old boy referred for treatment by his teacher, who had been concerned for some time about his unusual behavior. At the time of the referral, she explained that he avoided eye contact, especially with adults, refused to shake an adult's hand, frequently made odd noises, and often walked with an odd ape-like gait, his arms hanging down at his sides. Above all, he avoided friendly interaction with other children. In the weeks prededing the referral, he had been involved in two agressive incidents at school. The first involved pushing a girl down a short flight of stairs after accusing her of "yelling at him".

The second incident occured in response to teasing by another boy. Nick put his hands around the boy's neck, appeared to be attempting to strangle him, and in fact reportedly said that was exactly what he was trying to do. Nick's teacher also reported that he had asked her if she ever thought of killing herself, stating that he often thought of such things himself.

Nick appeared quite depressed when seen for an initial interview with his parents. Reporting that he felt "sad all the time: and that he wished he could be "somebody else,"

"an actor," "strange," and "weird". Nick also described himself as being dumb and terrible at sports. Nick's father described his own academic achievement as a youngster by noting that he had outperformed all his peers in every academic area; in addition stressing his athletic prowess and popularity as a child. His mother described herself as having done reasonably well in school but as having had, and continuing to have, problems interacting socially with groups of individuals.

The therapist initially hypothesized that Nick might have very little freedom of movement in both the academic and social spheres which, coupled with a very high value placed on equaling his father's academic performance, tended to lead to his sadness and depression as well as to his avoidance of both academic and interpersonal challenges. In other words, Nick seemed to have an unrealistically high minimal goal level for academics, probably maintained by that of his parents or at least by his perception of that of his parents. The therapist also hypothesized that Nick's relatively constrained freedom of movement in the social aspect of his life, combined with a normal need for friendship, might have led him to engage in various defensive behaviors including adopting a desire to be "weird" and different from his peers.

The initial goals of treatment were to enhance Nick's freedom of movement in both academic and interpersonal

situations and to help him to lower his minimal goal level for academic achievement. As in the first case, a variety of techniques were used to implement these goals. After determining that Nick believed his parents would be angry at less than stellar academic performance, and that he was incapable of producing this, and learning that while his parents had not explicitly demanded an extraordinary level of performance from Nick, they had done so from his three older brothers, the therapist's first intervention involved directly encouraging them to help Nick understand what their expectations really were and to help him to lower his demands on himself.

At the same time, interpretations of Nick's symbolic, idiosyncratic, and metaphoric communication, of the sort more typically associated with psychodynamically oriented psychotherapy were also utilized. For example, Nick's often expressed desire to own an underground cave with elaborate machines responsive to his wishes was interpreted as his wish to have a place where he could get away from everybody, where he would be safe and in control. Nick's repeated assertions that he was somehow different from his peers in a negative way were interpreted as a desire to be special. Based on observing that Nick's "weirdness" seemed to be quite consciously adopted, the therapist suggested that Nick wanted to be seen as special, and because he felt unable to

be especially popular or athletic, chose to be special in a negative way.

Learning that swimming was one area in which Nick both excelled and felt relatively confident, the clinician applied Adler's technique of initiating a benign cycle by encouraging both Nick and his parents to devote time and energy to this sport. The therapist also directly praised Nick for his swimming ability, at the same time challenging his view of himself as being totally lacking in athletic ability. This use of direct praise, a technique advocated by both Adler (Ansbacher and Ansbacher, 1979) and Dollard and Miller (1950) provides another example of the way in which a systematic eclectic approach can utilize a wide variety of techniques while maintaining a unified conceptual framework.

These two vignettes have illustrated, I believe, the way in which a variety of intervention techniques typically associated with disparate theoretical approaches to psychotherapy can be integrated under a single theoretical umbrella. While there are a number of other theories or models which might be and have been adopted to the use of providing a framework for a truly systematic eclecticism, (e.g. Lazarus, 1981) the social learning theory discussed here has the advantage of a process orientation, an emphnasis on conceptual analysis rather than on technique,

and the use of constructs at a middle level of generality which facilitate inclusion of techniques originally carrying extraordinarily disparate theoretical connections.

REFERENCES

Ansbacher, H.L., & Ansbacher, R.R. (1979). Alfred Adler: Superiority and Social Interest. New York: W.W. Norton.

Dollard, J. & Miller, N.E. (1950). Personality and Psychotherapy: An Analysis in Terms of Learning, Thinking, and Culture. New York: McGraw-Hill.

Garfield, S.L. (1986). An eclectic approach based on common factors. In J. Prochaska (Chair), Eclecticism and the Utilization of Common Factors in Psychotherapy. Symposium conducted at the annual meeting of the American Psychological Association, Washington, D.C.

Goldfried, M.R. (1980). Toward the delineation of theraputic change principles. American Psychologist, 35, 991-999.

Goldfried, M.R., and Newman, C. (1986). Psychotherapy integration: A look at what therapists actually do. In J. Prochaska (Chair), Eclecticism and the Utilization of Common Factors in Psychotherapy. Symposium conducted at the annual meeting of the American Psychological Association, Washington, D.C.

Klerman, G.L., Rounsaville, B., Chevron, E., Nev, C., & Weisman, M. (1979). Manual for Short Term Interpersonal Psychotherapy (RPT) of Depression. Unpublished manuscript.

Lazarus, A. (1981). The Practice of Multimodal Therapy. Hightstown, N.J.: McGraw-Hill.

Luborsky, L. (1984). Principles of Psychoanalytic Psychotherapy: A Manual for Supportive-Expressive Treatment. New York: Basic.

Menninger, K. (1958). Theory of Psychoanalytic Technique. New York: Basic.

Rogers, C. (1942). Counseling and Psychotherapy. Boston: Houghton Mifflin.

Rogers, C. (1951). Client Centered Therapy. Boston: Houghton Mifflin.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. American Journal of Orthopsychiatry, 6, 412-415.

Rotter, J.B. (1954). Social Learning and Clinical Psychology. Englewood Cliffs, N.J.: Prentice Hall.

Rotter, J.B. (1982). The Development and Application of Social Learning Theory: Selected Papers. New York: Praeger.